PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 10 777 691													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
T	OTAL CLAIMS	.	4		•	•	İ	RATE	FEE	7	RATE	FEE	
FC	OR .		NUMBER	FILED	NUME	BER EXTRA		BASIC FE	€ 385.00	OR	BASIC FEE	770.00	
το	OTAL CHARGE	ABLE CLAIMS	4 minus 20=		•	Ø		XS 9=		ОЯ	X\$18=	7	
INI	DEPENDENT C	LAIMS	/ minus 3 =		ا .	6	·	X43=		OR	X86≃	/	
MI	JLTIPLE DEPE	NDENT CLAIM P	RESENT			<u> </u>			+	1		-	
* If the difference in column 1 is less than zero, enter "0" in column 2								+145=	-	OR	+290=	7	
•								TOTAL	L	JOR	TOTAL	110	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL		
MTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
KMENDMENT	Total	· 17	Minus	. 8	Ò	. /		X\$ 9=	1	ОЯ	X\$18=		
XME	Independent	. 2	Minus		<u>3-</u>	<u> </u>	ſ	X43=	/-	OR	X86=	7	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM /							+145=		OR	+290= /		
Il not one SA Mist							L	TOTAL		OB	TOTAL ADDIT, FEE		
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								•		_		
AMENDMENT 8		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 18	Minus	- 2	0	- }		X\$ 9≖		OR	X\$18=		
	Independent	• 3	Minus ••• 3			/_	Ī	X43=		OR	X86=	/	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
•								TOTAL DOIT, FEE		OR	YOTAL ADDIT, FEE	•	
				•	•		•						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE . NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		.		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		-	H	X43=			X86=		
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							~~~=		OR			
• #	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=		
	the "Highest Nur	nin 1 is less than to niber Previously Pai niber Previously Pa	id For IN THIS	SPACE IS	less than	20, enter "20."	A	TOTAL DOTT. FEE	·	OR ,	TOTAL LOOIT, FEE		
		ber Previously Paid					foun	d in the ap	propriate box	in cob	emo 1.		

Application or Docket Number